PI FASE READ	ALL INSTRUCTIONS	S BEFORE COMPLET	ING THIS FORM	
MPHILIPPE HEINSTATEMENT	FLORIDA DEPARTME Katherine H Secretary of DIVISION OF CORPC	NT OF STATE arris State	SECRETARY OF STATE DIVISION OF CORPORATIONS	_
DOCUMENT # P98000 Corporation Name & & S TRACTOR SERVICE, IN	0018087	-	01 OCT 19 PM 6:49	
Principal Place of Business 1617 SPRING PARK ROAD ACKSONVILLE FL 32207	Mailing Address 3617 SPRING PARK ROAD JACKSONVILLE FL 32207			<del></del>
If above addresses are incorrect in any way, line the New Principal Office Address, If Applicable 227 ST. CATRL ST. wite, Apt. #, etc.  TACKSON VILLY FLA.  ity & State  Country  TACKSON VILLY COUNTRY	3. New Mailing Office Address,	4. Date Incorp To Do Busing St. FEI Number	porated or Qualified ness in Florida  02/24/1998  Applied For Not Applicable  E OF STATUS DESIRED   88.75 Additional Fee require for a Certificate of Status	ed
Names and Street Addresses of Each Officer and Name of Officers and/or Directors  SNEDEN, RICHARD J	S	reet Address of Each fficer and/or Director	4 City / State / Zip JACKSONVILLE FL 32207	
VP FUTCH, THOMAS	3800 UNIVERSI		JACKSONVILLE FL 32216  DDDDD 4669856-3 -11/06/01-01091-008 ****150.00 ****150.00	
		10 m 12 m 12		<b>-</b>
8. Name and Address of Current Registered Agent  SNEDEN, RICHARD J 3617 SPRING PARK ROAD JACKSONVILLE FL 32207		9. Name and Address of New Registered Agent  Name Thomas S. Fut C.tt  Street Address (P.O. Box Number is Not Acceptable)  2227 STCLARL S  Suite, Apt. #, Etc.  City JACKSONVILLE FL 327.54		
gnature of gristered Agent On the about the ab	ove named corporation, am familiar v	·		

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Zhamina SIGNATURE AND TYPE

| D| 15 | 01 904-545-6208

S&S Tractor Service, Inc. P.O. Box 47468
Jacksonville, Florida 32247-7468
904-737-1378

October 16, 2001

Florida Department of State Katherine Harris Secretary of State

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Recently, I received a Certificate of Administrative Dissolution or Revocation for my business, S&S Tractor Service, Inc. This notice stated that I did not file my 2001 corporation annual report/uniform business report. Unfortunately, this report was not filed due to an incorrect address and information you have on file.

The paperwork sent earlier in the year for filing purposes was sent to the address of a former Officer of the company. He did not forward the information so that I could address the issue. As a result, the papers were not filed in the allotted time.

After speaking with a representative in your office, I was told to write this letter of explanation and enclose the customary fee along with changes to be made. You will find the Application for Reinstatement along with the appropriate funds enclosed in this letter.

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If you have any further questions or need any further information, please do not hesitate to contact me. Thank you for your cooperation in this matter.

Sincerely,

Thomas S. Futch President, S&S Tractor Service, Inc. 2227 St. Claire Street Jacksonville, Florida 32254 904-545-6208

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